



THIS AWARD IS ISSUED UNDER THE AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 AND IS SUBJECT TO SPECIAL HHS TERMS AND CONDITIONS AS REFERENCED IN SECTION III

Grant Number: 1U58DP002619-01

Principal Investigator(s):
Adewale Troutman, MD

Project Title: CATEGORY A - COMMUNITIES PUTTING PREVENTION TO WORK

BUSINESS MANAGER
LOUISVILLE METRO DEPT OF PUBLIC
400 EAST GRAY STREET
LOUISVILLE, KY 40202

Budget Period: 03/19/2010 – 03/18/2012

Project Period: 03/19/2010 – 03/18/2012

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of \$7,878,491 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT in support of the above referenced project. This award is pursuant to the authority of 301A,311BC,317K2(42USC241A,243BC247BK2) and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Tracey M Sims
Grants Management Officer
Centers for Disease Control and Prevention

Additional information follows

Note 8. PRIOR APPROVAL: All requests which require the prior approval of the Grants Management Officer as noted in 45 CFR 92 or 45 CFR 74 must bear the signature of an authorized official of the business office of the grantee organization as well as the principal investigator or program or project director. Any requests received, which reflect only one signature, will be returned to the grantee unprocessed. Additionally, any requests involving funding issues must include a new proposed budget, and a narrative justification of the requested changes.

Note 9. INVENTIONS. Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR 401.14.

Note 10. PUBLICATIONS. Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, such as,

This publication (journal article, etc.) was supported by the Cooperative Agreement Number above from The Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

Note 11. CONFERENCE DISCLAIMER AND USE OF LOGOS.

Disclaimer. Where a conference is funded by a grant or cooperative agreement, a subgrant or a contract the recipient must include the following statement on conference materials, including promotional materials, agenda, and Internet sites,

Funding for this conference was made possible (in part) by the cooperative agreement award number above from the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government

Logos. Neither the HHS nor the CDC logo may be displayed if such display would cause confusion as to the source of the conference or give the false appearance of Government endorsement. A non-federal entity unauthorized use of the HHS name or logo is governed by U.S.C. 1320b-10, which prohibits the misuse of the HHS name and emblem in written communication. The appropriate use of the HHS logo is subject to the review and approval of the Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the Office of the Inspector General has authority to impose civil monetary penalties for violations (42 C.F.R. Part 1003). Neither the HHS nor the CDC logo can be used on conference materials, under a grant, cooperative agreement, contract or co-sponsorship agreement without the expressed, written consent of either the Project Officer or the Grants Management Officer. It is the responsibility of the grantee (or recipient of funds under a cooperative agreement) to request consent for the use of the logo in sufficient detail to assure a complete depiction and disclosure of all uses of the Government logos, and to assure that in all cases of the use of Government logos, the written consent of either the Project Officer or the Grants Management Officer has been received.

Note 12. EQUIPMENT AND PRODUCTS. To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made. CDC defines equipment as Tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization policy.

The grantee may use its own property management standards and procedures provided it observes the provisions of the following sections in the Office of Management and Budget (OMB) Circular A-110 and 45 CFR Part 92:

Office of Management and Budget (OMB) Circular A-110, Sections 31 through 37 provides the uniform administrative requirements for grants and agreements with institutions of higher education, hospitals, and other non-profit organizations
<http://www.whitehouse.gov/omb/circulars/a110/a110.html>

45 CFR Parts 92.31 and 92.32 provides the uniform administrative requirements for grants and cooperative agreements to state, local and tribal governments.

Note 13. **TRAFFICKING IN PERSONS.** This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term and condition, go to http://www.cdc.gov/od/pgo/funding/grants/Award_Term_and_Condition_for_Trafficking_in_Persons.shtm

Note 14. **ACKNOWLEDGMENT OF FEDERAL SUPPORT.** When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

Note 15. PAYMENT INFORMATION:

PAYMENT INFORMATION: Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). The Division of Payment Management, Program Support Center, administers PMS, HHS administers PMS. PMS will forward instructions for obtaining payments.

A. PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows:

Director, Division of Payment Management, OS/ASAM/PSC/FMS/DPM
P.O. Box 6021
Rockville, MD 20852
Phone Number: (877) 614-5533
Fax Numbers:
University and Non-Profit Payment Branch (301) 443-2672
Governmental and Tribal Payment Branch (301) 443-2569
Cross Servicing Payment Branch: (301) 443-0377
General Fax: (301) 443-8362

Email PMSSupport@psc.gov

Website: http://www.dpm.psc.gov/grant_recipient/shortcuts/shortcuts.aspx?explorer.event=true

B. If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows:

Division of Payment Management
FMS/PSC/HHS
Rockwall Building #1, Suite 700
11400 Rockville Pike
Rockville, MD 20852

To expedite your first payment from this award, attach a copy of the Notice of Grant/Cooperative Agreement to your payment request form.

Note 16. **LOBBYING STATEMENT:** We want to remind you that federal law prohibits award recipients and their sub- contractors from using Federal funds for lobbying congress or a Federal agency, or to influence legislation or appropriations pending before the Congress or any State or local legislature.

This includes grants/cooperative agreements that, in whole or in part, involve conferences for which Federal funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

Any activity designed to influence action in regard to a particular piece of pending legislation would be considered lobbying. That is lobbying for or against pending legislation, as well as indirect or grass roots lobbying efforts by award recipients that are directed at inducing members of the public

- The transaction type;
 - The North American Industry Classification System code or Catalog of Federal Domestic Assistance (CFDA) number;
 - Program source;
 - An award title descriptive of the purpose of each funding action;
 - The location of the entity receiving the award;
 - The primary location of performance under the award, including the city, State, congressional district, and country; and
 - A unique identifier of the entity receiving the award and of the parent entity of the recipient, should the entity be owned by another entity.
- f. All sub-awards less than \$25,000 or to individuals may be reported in the aggregate, as prescribed by HHS.
- g. Recipients must account for each ARRA award and sub-award (sub-grant and sub-contract) separately. Recipients will draw down ARRA funds on an award-specific basis. Pooling of ARRA award funds with other funds for drawdown or other purposes is not permitted.
- h. Recipients must account for each ARRA award separately by referencing the assigned CFDA number for each award.

The definition of terms and data elements, as well as any specific instructions for reporting, including required formats, will be provided in subsequent guidance issued by HHS.

3. Buy American - Use of American Iron, Steel, and Manufactured Goods
Recipients may not use any funds obligated under this award for the construction, alteration, maintenance, or repair of a public building or public work unless all of the iron, steel, and manufactured goods used in the project are produced in the United States unless HHS waives the application of this provision. (ARRA Sec. 1605)

4. Wage Rate Requirements

[This term and condition shall not apply to tribal contracts entered into by the Indian Health Service funded with this appropriation. (ARRA Title VII?Interior, Environment, and Related Agencies, Department of Health and Human Services, Indian Health Facilities)]
Subject to further clarification issued by the Office of Management and Budget, and notwithstanding any other provision of law and in a manner consistent with other provisions of ARRA, all laborers and mechanics employed by contractors and subcontractors on projects funded directly by or assisted in whole or in part by and through the Federal Government pursuant to this award shall be paid wages at rates not less than those prevailing on projects of a character similar in the locality as determined by the Secretary of Labor in accordance with subchapter IV of chapter 31 of title 40, United States Code. With respect to the labor standards specified in this section, the Secretary of Labor shall have the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (64 Stat. 1267; 5 U.S.C. App.) and section 3145 of title 40, United States Code. (ARRA Sec. 1606)

5. Preference for Quick Start Activities (ARRA)

In using funds for this award for infrastructure investment, recipients shall give preference to activities that can be started and completed expeditiously, including a goal of using at least 50 percent of the funds for activities that can be initiated not later than 120 days after the date of the enactment of ARRA. Recipients shall also use grant funds in a manner that maximizes job creation and economic benefit. (ARRA Sec. 1602)

6. Limit on Funds (ARRA)

None of the funds appropriated or otherwise made available in ARRA may be used by any State or local government, or any private entity, for any casino or other gambling establishment, aquarium, zoo, golf course, or swimming pool. (ARRA Sec. 1604)

7. Disclosure of Fraud or Misconduct

Each recipient or sub-recipient awarded funds made available under the ARRA shall promptly refer to the HHS Office of Inspector General any credible evidence that a principal, employee, agent, contractor, sub-recipient, subcontractor, or other person has submitted a false claim under the False Claims Act or has committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving those funds. The HHS Office of Inspector General can be reached at <http://www.oig.hhs.gov/fraud/hotline/>

8. ARRA: One-Time Funding

Unless otherwise specified, ARRA funding to existent or new awardees should be considered one-time funding.

9. Schedule of Expenditures of Federal Awards

Recipients agree to separately identify the expenditures for each grant award funded under ARRA on the Schedule of Expenditures of Federal Awards (SEFA) and the Data Collection Form (SF-SAC) required by Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. This identification on the SEFA and SF-SAC shall include the Federal award number, the Catalog of Federal Domestic Assistance (CFDA) number, and amount such that separate accountability and disclosure is provided for ARRA funds by Federal award number consistent with the recipient reports required by ARRA Section 1512(c). (2 CFR 215.26, 45 CFR 74.26, and 45 CFR 92.26)

10. Responsibilities for Informing Sub-recipients

Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, any special CFDA number assigned for ARRA purposes, and amount of ARRA funds. (2 CFR 215.26, 45 CFR 74.26, and 45 CFR 92.26)

STAFF CONTACTS

Grants Management Specialist: Tracey M Sims

Centers for Disease Control and Prevention

Procurement and Grants Office

Koger Center, Colgate Building

2920 Brandywine Road, Mail Stop E-09

Atlanta, GA 30341

Email: tsims3@cdc.gov **Phone:** 770-488-2739 **Fax:** 770-488-2777

Grants Management Officer: Tracey M Sims

Centers for Disease Control and Prevention

Procurement and Grants Office

Koger Center, Colgate Building

2920 Brandywine Road, Mail Stop E-09

Atlanta, GA 30341

Email: tsims3@cdc.gov **Phone:** 770-488-2739 **Fax:** 770-488-2777

SPREADSHEET SUMMARY

GRANT NUMBER: 1U58DP002619-01

INSTITUTION: LOUISVILLE/JEFFERSON COUNTY METRO GOV'T

<i>Budget</i>	<i>Year 1</i>
Salaries and Wages	\$416,217
Fringe Benefits	\$158,162
Personnel Costs (Subtotal)	\$574,379
Consultant Services	\$200,000
Equipment	\$775,000
Supplies	\$80,144
Travel Costs	\$22,241
Other Costs	\$2,420,000
Consortium/Contractual Cost	\$3,718,100
TOTAL FEDERAL DC	\$7,789,864
TOTAL FEDERAL F&A	\$88,627
TOTAL COST	\$7,878,491

**Centers for Disease Control and Prevention
Funding Opportunity Announcement DP09-912ARRA09
*Communities Putting Prevention to Work (CPPW)***

**Objective Review
Summary Statement**

Date Reviewed: January 11-14, 2010

Applicant Organization: Louisville Jefferson County Metro Government

Application Number: 90015922

Application Title: Communities Putting Prevention to Work (CPPW)

Funds Requested: \$ 10,000,000

Recommendation: Recommended

Final Average Score: 90.56

Human Subjects Issues: None

Summary of the Project

The American culture of fast-paced lifestyles, colored by sedentary activity and fast-food diets, is lending itself to a growing rate of obesity. Poor nutrition and lack of exercise lead to chronic diseases and premature death. In Louisville the leading cause of death in 2005 was diseases of the heart with an age-adjusted rate of 234.9 per 100,000 exceeding the Healthy People 2010 goal of no more than 166 deaths and the U.S. rate of 211.1. The age adjusted diabetes death rate in 2004 was 31 deaths per 100,000 compared to the national rate of 24.8. As in most American communities, in Louisville the burdens of social and economic disadvantage and ill health fall disproportionately on certain population subgroups, especially people of color. In the city, the rate of deaths from homicide for African Americans is nearly six times that for Whites, and rates of both low birth weight and infant deaths among African Americans are twice those for Whites.

This proposed Louisville Putting Prevention to Work project builds upon the foundation laid by Louisville's award-winning Mayor's Healthy Hometown Movement, which began in 2004 and has engaged hundreds of community partners who represent all spectrums of the community and are emblematic of a breadth of community change agents. The Community Action Plan proposes the implementation of 24 'shovel ready' strategies that span the socioecological model reaching the individual, groups, organizations, community, and lead to public policy, environment and system changes. Strategies include those that are community-wide (conducting a 'Food Fight' social marketing campaign and enhancing infrastructure to support bicycling and walking), as well as those that are specific to schools (increasing student input in food and beverage choices and utilizing student grown produce) and neighborhoods in need (improving community policing and implementing a 'Healthy in a Hurry' corner store initiative). Important policy changes include the Mayor appointing an Advisory Council on Food Policy, instituting a Health Impact Assessment as part of the development review process and implementing a local menu labeling policy.

Creating policy and changing environments and systems remove barriers allowing the community to transform into one that promotes healthy lifestyle choices. The key is to create change that not only reaches the entire jurisdiction but also is tailored to specific subsets within environments such as the school system and populations of specific needs. In reaching specific need populations that are disproportionately affected by poor health outcomes, it is important to cultivate an overriding understanding of the barriers to health equity such as living in a violent neighborhood with crumbling infrastructure and food deserts. It is imperative to understand the impact of poverty on health. Chronic diseases place a heavy strain on the health care system. We are committed to moving upstream to eliminate the obstacles that prohibit good nutrition and physical activity. Change needs to occur at the community-level and demands the attention of key decision makers and leaders. Communities are formed by the policies and environment that direct them. Through changes defined by evidence based practices, population-level transformation will occur. People make choices based upon the environments where they live their lives.

Summary of Strengths

The *program infrastructure and fiscal management* are clearly defined and discussed. The fiduciary is identified as the Louisville / Jefferson County Metro Government. The lead agency currently manages a budget over \$700 million. There is a mechanism in place to manage all contracts, including sub-grants awarded to the community. A description is provided of past and current work demonstrating the applicant's capacity to handle the funds requested. Activities have been chosen that are strongly supported by this community and that have resources in position to support implementation and sustainability to keep these activities going. The applicant discusses the health department's current staff that is in place to reach the goals and benchmarks of this cooperative agreement. Resumes and a detailed description of skills and experiences are provided to demonstrate the applicant ability to effectively carry out the goals and objectives of this proposal. The applicant proposed to use PolicyLink, a national consultant to provide research, technical assistance, and training on collaborative, multi-field strategies to improve community environments particularly in low income communities and communities of color, which is in direct line with what is being asked of the applicant. Letters of the support are provided from all of the leaders proposed in this application who will be working on the project. Detailed descriptions are provided of the roles and responsibilities of staff on the project. There is a significant amount of policy experience among the staff working full-time on this project.

The *leadership team and community coalitions* are clearly discussed and appear to be suitable. The leadership team is identified and has provided letter of intent of their full support to the project. Each member will have a significant role in the coalition—the Mayor's Healthy Hometown Movement. The applicant provides a very nice matrix detailing the name, position, and agency represented for each member on the leadership team. Each letter from the leadership team member states their intent and commitment to the project, including their agencies' commitments of resources to this community effort. The applicant provides membership list and meeting notes of the coalition and activity commitment. A detailed description is provided of the past and current efforts of the coalition by sub-committee. For example, the Living Active Committee lead a Pedestrian Summit that lead to lead the policy development and environmental changes needed to build communities that are conducive to physical activity. The applicant also provides examples of collaboration among coalition member agencies (e.g., 2008 Pedestrian Summit). The applicant is seeking technical assistance from the Regional Health Administrator regarding how to leverage other federal funds and foundations.

The *intervention area, CAP, and intervention strategies* are addressed comprehensively. The Community Action Plan addresses 15 overarching strategies that identify specific action to policy development and environment and system changes to increase levels of physical activity, improve nutrition, and decrease overweight/obesity prevalence. The strategies build upon Louisville investments to generate healthy eating and active lifestyles that promote wellness where Louisville residents—live, learn, work, and play. The area of need is clearly defined as Metro Louisville / Jefferson County. Data are provided from the US Census and Health Status Assessment Report of 2006 describing the population to be served. The target area, Louisville Metro, faces a number of serious and interrelated social, economic, and health challenges. The applicant describes the assets as past success in the developing policy in the county. For

example, Jefferson County Smoke Free Coalition successfully implemented a smoking-ban in Louisville Metro. Staff will rely on its successful smoking policy experience as it moves forward with other policy changes. The applicant describes the barrier to the project is the decentralization of key focus points which are distributed under a broad base of systems (educational institutions, the healthcare industry, government divisions, grassroots agencies and non-profits) each with its own nuances that may impede progress. The applicant is proposing the address obesity, physical activity, and nutrition. The strategies for policy, systems, and environmental changes for all points of intervention are captured on the MAPPS table. The strategies listed on this table fall under 15 overarching strategies identified in the Recommended Community Strategies and Measurements to Prevent Obesity in the United States and Implementation and Measurement Guide. The work described in this proposal is based on previous work in Louisville, along with other regions, to developed top priorities, which were used to craft Kentucky's Nutrition and Physical Activity State Action Plan. In February 2009, the Partnership published Shaping Kentucky's Future, Policies to Reduce Obesity following a survey of regional coalitions. The interventions outlined in the Community Action Plan are selected based on their potential for communitywide reach and impact on the designated area of specific need. Degree of impact was also assessed, as was consistency with short- and long-term goals delineated in the Kentucky Action Plan and Policy Recommendations. The two-year CAP describes the overall integrated strategy, identifying selected interventions, describing key activities, milestones, and timelines including SMART objectives and outcomes. The applicant provides a fully detailed CAP addressing all of the requirements of the FOA. There is an excellent description of the policies anticipated from the activities being proposed in the application. The applicant also describes the linkages made in the past that supports the state- and community-level program to prevention and control chronic diseases. The strategies proposed build upon the existing work of these of the MHHM and follow the direction of the Mayor's Strategic Plan and the LMPHW mission. Existing work developed pilot strategies that laid the groundwork for this proposal. The applicant sees the CDC funds as a means to catapult their work forward. The applicant provides evidence of their leveraging strategies to sustain the project after the funding period. The Black Mothers Breastfeeding Association to train healthcare providers who interact with women of color is an example of the applicant's capacity to incorporate cultural diversity needs of the African American population.

Plans for project monitoring and evaluation appear to be excellent. A clear description is provided of the methods used to meet the requirements for evaluation as specified in the FOA. For example, the evaluation adapted from the Health Impact Assessment will: 1) identify the specific policy; 2) identify the health effect; 3) assess the effect on communities and businesses; and 4) report results to stakeholders. Stakeholders, including participating local decision makers, those implementing and exposed to the interventions, and national collaborators (e.g., CDC), will provide input into every evaluation process stage. The local team will participate fully in the national evaluation strategy, collaborate fully to complete independently coordinated evaluation elements, and provide data in a timely manner. The applicant proposes an evaluation design that is a pre-post time series with a component to track processes that lead to change in policy or systems. A single sample longitudinal time series study focuses on short-term changes to assure the appropriate implementation of the program. The applicant also provides a detailed description of the project's evaluation plan. The CDC Evaluation Framework in a pre / post design will be used. For the data collection the applicant proposes use the

Change Tool. The applicant proposes the YRBSS survey data will be collected in collaboration with Jefferson County Public Schools (JCPS), Kentucky Department of Education (KDE), Kentucky Cabinet for Health and Family Services (CHFS), and Louisville Metro Public Health and Wellness (LMPHW). The KDE will work with the Family Resource and Youth Services Centers (FRYSC) to administer the YRBSS to survey classrooms. FRYSC, JCPS, LMPHW and U of L staff will be trained to administer the survey to a sample of 1500 to 2000 JCPS 9th-12th graders in fall 2010 and at project end. Letters are provided from the JCPS giving their support to all of the project activities that involve the Public Schools. These letters of support include collecting and reporting YRBSS data. JCPS records biometric data for kindergarteners and entering the 6th graders from required physicians' physical exams. The JCPS will collect, analyze, and report these data.

Programmatic support needs are well-defined and discussed. The applicant has utilized CDC support in the past and sees this funding opportunity as an opportunity to work with the CDC again. The applicant recognizes that their strength of partnerships also may produce unintended barriers. Their strategies are distributed through multiple systems (e.g. government, healthcare, education, non-profits) which may impede progress. Their partnership with PolicyLink and work with CDC will offset this barrier. Stated areas of need for support includes statistical expertise to guide the conversion of raw YBRSS data to become ready for analysis, specifically in the area of weighting data to be representative of the population.

Summary of Weaknesses / Concerns

The *intervention area, CAP, and intervention strategies* are addressed comprehensively; however, some panel member felt that although the applicant provides data on the target population and the entire jurisdiction, the data year and applicability is difficult to follow. For example during the description of the statistics for the jurisdiction LMPHW notes, "Louisville was ranked first in the percent of mothers who smoke during pregnancy and seventh in the lung cancer mortality rate," and notes that the birth rate for teenage was higher than the nation's rate. The applicant does not relate these statistics to obesity, physical activity, and nutrition. In other descriptions of the statistics for the jurisdiction the year of the statistics are not easily determined (p. 11-15).

Budget

The budget is reasonable, clearly justified, and appears to be consistent with the proposed activities and intent of the initiative. Reductions were recommended during the budget mark up process due to limited programmatic funding. The budget mark up team also noted that the proposed loan fund is questionable and recommends review by PGO to answer the question, is this allowable or should this expenditure be changed to a mini-grant format. Additionally, all contracts need enhanced accountability measures.

Human Subjects

The applicant has adequately addressed the requirements of Title 45 CFR Part 46 for the protection of human subjects.

Recommendation(s)

If considered for funding, the applicant should address any issues of concern noted in the Weaknesses / Concerns, Budget, and Human Subjects Sections and / or as follows:

- ☐ Consider tailoring the health statistic data for the jurisdiction and noting the year of the statistics.